

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54	1					
55		1				
56		1				
57		1				
58	1					
59		1				
60		1				
61		1				
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63	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	70					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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